(Depositor's name) (Signature)

Box ISSUE FEE **Assistant Commissioner for Patents** Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed in the parable ate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) IM22/0926

MATHIS L L P 021839 BURNS DOANE SWECKER & POST OFFICE BOX 1404 ALEXANDRIA VA 22313-1404

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this issue Fee Transmittel is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

			,	(Deta)
			EXAMINER AND GROUP ART U	WIT 775 OPA PEROMEDI
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	RNER, A	1770
09/652,026	08/31/00	เบเว	154(b) term ext. =	0 Days.
		35 USC	D METHOD OF MAKING S	AME
***	TRAD PART	ING THEFT		

TITLE OF COATED GROOVING OR PARTING INSERT AND MET

Change of correspondence actives of Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. The Address* Indication (or "Fee Address* Indication form PTO/SB/47) attached. Assignee Address* Indication form form form pto Address* Indication form form form form form form form form	9/2F 08/01
1 024444-818 428-216.000 M56 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence Address form and the natural stormery or agents of a single firm (naving as a member a registered attorney or agents. If no name is listed, no name will be printed on the patient attorneys or agents. If no name is listed, no name will be printed on the patient and Trademarks): Sandvince Order = # of Copies 10	4.54
Change of correspondence address of indication of "Pea commended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. "The Individual appear on the patient." It is to part the pTO or to being submitted under separate cover. Completion of this form is NOT a substitute for liking an assignment. (A) NAME OF ASSIGNEE Sandvik AB (B) RESIDENCE: (CITY & STATE OR COUNTRY) Sandviken, Sweden DePOSIT ACCOUNT NUMBER DePOSIT ACCOU	
ASSIGNEE NAME AND RESIDENCE DATA TO BE PHILIT DEPTHICAGE NOTE: Unless an assignee is identified below, no assignee data is only appropriate when an assignment has been previously submitted in the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment. (A) NAME OF ASSIGNEE Sandvik AB (B) RESIDENCE: (CITY & STATE OR COUNTRY) Sandviken, Sweden Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Corporation or other private group entity government The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorited Signature (Date) NOTE: The Issue Fee will not be appleted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required depending the form should be sent to the Chief Information Officer, Patent and Trademark To complete this form should be sent to the Chief Information Officer, Patent and Trademark To complete this form should be sent to the Chief Information Officer, Patent and Trademark To complete this form should be sent to the Chief Information Officer.	Doane, Swecker
(A) NAME OF ASSIGNEE SETTION AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authors Sonsant Country & Sonsant Country	
Please check the appropriate assignee category Indicated below (will not be printed on the pettern) Individual Scorporation or other private group entity government government SE Advance Order - # of Copies 10	
NOTE; The Issue Fee will not be adopted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required the complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer.	
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required the complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer.	652026
Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark to complete this form should be sent to the Chief Information Officer, Potent and Trademark	1280.00 OF 30.00 OP
to complete this form should be sent to the Chief Information Chicer, Tasks to the Chief Information Chicer, Tasks to complete this form should be sent to the Chief Information Chicer, Tasks to the Chief Information Chicar, Tasks to the Chief Information Chief Inf	